



**Commonwealth of Kentucky**  
Energy and Environment Cabinet  
**Division of Water**

**Construction Application  
For Small Drinking Water Systems**

See the instructions for more information about selected portions of this checklist.

Questions on completing this checklist? Contact the Water Infrastructure Branch at 502/564-3410 or visit our website at <http://www.water.ky.gov/dw> for more information.

**I. Construction Project Information**

Project Name: \_\_\_\_\_

Project County: \_\_\_\_\_ Estimated Project Cost: \$ \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Project Latitude/Longitude (DMS): \_\_\_\_\_

11 Digit Hydrologic Unit Code (HUC): \_\_\_\_\_

Identify how the sanitary wastewater produced as a result of this project will be handled:

☐ Sanitary Sewer

WWTP: \_\_\_\_\_

☐ Septic Tank

☐ Other: \_\_\_\_\_

**II. Owner's Information**

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**III. Design Considerations**

**A. Plans and Specifications**

Provide at least 3 sets of detailed plans (**no larger than 24" X 36"**) which must comply with **401 KAR 8:100**.

**B. Design Engineer/Plumber**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

### C. Design Capacities

Type of establishment: \_\_\_\_\_

Water Source:

- ☐ New Well  
☐ Existing Well  
☐ Cistern

If a well:

Does the well have a sanitary seal? \_\_\_\_\_

Was the well drilled by a certified well driller? \_\_\_\_\_

If water is hauled from an approved public water system, Public Water System Name: \_\_\_\_\_

Identify the number of customers/people that will be served as a result of this project: \_\_\_\_\_

Drinking Water System Classification: \_\_\_\_\_

Plumbing Fixtures:

Baptistry Bath: \_\_\_\_\_

Bath: \_\_\_\_\_

Ice Machine: \_\_\_\_\_

Drinking Fountains: \_\_\_\_\_

Shower: \_\_\_\_\_

Service/Mop Sink: \_\_\_\_\_

Shampoo Bowl: \_\_\_\_\_

Washer: \_\_\_\_\_

2 Compartment Sink: \_\_\_\_\_

3 Compartment Sink: \_\_\_\_\_

Urinals: \_\_\_\_\_

Water Closets: \_\_\_\_\_

Lavatories: \_\_\_\_\_

Other: \_\_\_\_\_

### Other Information to be Submitted with Project

- ☐ 1. A chemical analysis report shall be submitted to this office by a certified laboratory. If the source water is from another public water system, then a chemical analysis report is not required.

## IV. Fees

Check or money order must be made payable to "Kentucky State Treasurer" for the total amount. Fees do not apply to projects FUNDED by a municipality, water district, or other publicly owned utility.

Project Category: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_